

EXHIBIT 31

----- Forwarded Message -----

From: Gene Houchins III

To: "JHCWLaw@yahoo.com"

Sent: Friday, January 4, 2013, 3:35:21 PM PST

Subject: RE: Information for Attorney Regarding John Bitter Case

Joe:

Attached please find:

- Proof of trust ownership remains dated 01/03/2013
- Most recent threat letter from Windsor dated 01/14/2011
- PAC correspondence rejecting Windsor attempts to change ownership

Gene

From: Gene Houchins III [mailto:gene@bonded-life.com]

Sent: Friday, January 04, 2013 5:33 PM

To: 'JHCWLaw@yahoo.com'

Subject: FW: Information for Attorney Regarding John Bitter Case

Joe,

As per our conversation, please see details below as well as a copy of the loan docs and other associated docs.

Kind regards,

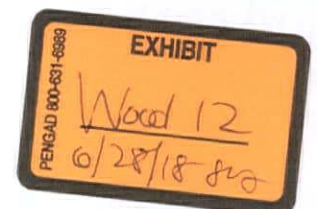
Gene

Gene Houchins, III

President, Bonded Life FUND LLC

4243 Dunwoody Club Drive, Suite 215

Atlanta, GA 30350



(O) 678-336-5250 ext 2

(F) 866-501-1888

From: Jennifer Beal [<mailto:jbeal@bonded-life.com>]
Sent: Friday, January 04, 2013 1:53 PM
To: Gene Houchins III
Subject: Information for Attorney Regarding Bitter Case

Insurance Carrier: Pacific Life Insurance Company

P.O. Box 2030

Omaha, NE 68103-2030

800) 347-7787

Policy Info:

Insured: John L. Bitter, Jr.

Policy #: VF51701770

Face \$: \$2,000,000

Insured Info:

Address: 30 Mooregate Square NW

Atlanta, GA 30327

SS#: [REDACTED]

DOB: [REDACTED]

DOD: 12/23/2012

Policyowner Info:

Name: John L. Bitter Irrevocable Life Insurance Trust

Address: 1315 Crescent Circle

Lilburn, GA 30047

Trustee: Gregory P. Barnes, Jr.

EIN#: [REDACTED]

Date: 01/03/2008

Premium Finance Lender Info:

Name: Windsor Securities, LLC

Contact: Steven Prusky, President/Director

Address: 25 East Athens Avenue

Ardmore, PA 19003

Tax ID#: [REDACTED]

Phone #: 610) 642-3100

Principal Loan Amount: \$84,250.00

List of Important Dates:

- 01/18/2008 Pacific Life application signed
- 02/08/2008 Pacific Life policy issued
- 04/08/2008 Windsor Securities Premium Finance documents signed by Insured and Trustee
- 07/10/2010 Maturity date of premium finance loan (27 months)
- 07/19/2010 Writing agent (Gene Houchins) contacts Windsor requesting information about loan payoff amounts and information. Windsor responds by beating around the bush and not answering question.
- August 2008 Windsor informs writing agent to tell policyowner that he will not accept payment for the loan, and that they are in default, and Windsor has already proceeded with changing the ownership of the policy to themselves. It is speculated that Windsor ordered medical records and found out that Mr. Bitter had a stroke. No demand letter was sent for the repayment of the loan, only demand letters to sign new Change of Ownership forms. The trustee ignores these requests until Feb. 2011 when Windsor attorney threatens to sue or else action will be taken against the trust.



Welcome: Eugene Houchins

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BITTER JR,

Names/Addresses[Home](#) > [Policy Information](#) > [Policy Detail](#) > [Names/Addresses](#)

Policy Information

Insured:	JOHN L BITTER JR	Status:	Premium Paying	Producer:	LIFE INSURANCE DIVISION
Policy #:	VFS1701770	Total Face Amount:	\$2,000,000.00	SAID Code:	09150*
Issue Date:	2/8/2008	Modal Premium:	\$71,250.00, Annual	Office:	09150
Product:	Versa-Flex VI	As of Date:	1/2/2013	Brk/Dlr:	00000

*most common of multiple data

Names/Addresses

Insured -

Owner Code:None, Insured [Edit](#)
TIN:XX-XX-4004
JOHN L BITTER JR
30 MOOREGATE SQUARE NW
ATLANTA, GA 30327-1539

Owner(s) -

Owner Code:Partial, Trust/Estate, [Edit](#)
non-COLI
TIN:XX-XXXX6674
JOHN L BITTER ILIT
GREGORY P BARNES JR TTEE
1315 CRESCENT CIR SW
LILBURN, GA 30047-2303

Owner Code:Partial, Irrevocable [Edit](#)
beneficiary
TIN:XX-XXXX0806
WINDSOR SECURITIES LLC
25 E ATHENS AVE
ARDMORE, PA 19003-2229

Payor(s) -

[Edit](#)
TIN:XX-XXXX6674
JOHN L BITTER ILIT
GREGORY P BARNES JR TTEE
1315 CRESCENT CIR SW
LILBURN, GA 30047-2303

Beneficiary(ies) -

WINDSOR SECURITIES LLC

Other Interested Party(ies) -

Owner Code:Partial, Collateral [Edit](#)
assignee
TIN:XX-XXXX0806
WINDSOR SECURITIES LLC
25 E ATHENS AVE
ARDMORE, PA 19003-2229

[Client Policy Summary Report \(for client use\)](#)[My Life Account](#)**For Broker-Dealer and Life Insurance Producer Only. May Not be Distributed to the Public.**

Pacific Life Insurance Company is licensed to issue insurance products in all states except New York. Product availability and features vary by state. Individual life insurance and annuity products are available in New York through Pacific Life & Annuity Company. Each company is solely responsible for the financial obligations accruing under the policies it issues, and its product and rider guarantees are backed by that company's financial strength and claims-paying ability, but they do not protect the value of the variable investment options. Look to the strength of the life insurance company with regard to such guarantees as these guarantees are not backed by the broker-dealer, insurance agency or their affiliates from which this product is purchased. Neither these entities nor their representatives make any representation or assurance regarding the claims-paying ability of the life insurance company. Variable insurance products are distributed by **Pacific Select Distributors, Inc.**, (member [FINRA](#) & [SIPC](#)), a subsidiary of Pacific Life Insurance Company, and an affiliate of Pacific Life & Annuity Company, and are available through licensed third-party broker-dealers.



CSTMT

Life Insurance Operations Center
P.O. Box 2030, Omaha, Nebraska 68103-2030
Tel (800) 347-7787 Fax (866) 964-4859
www.PacificLife.com

TITLE CHANGE CONFIRMATION

November 11, 2010

Servicing Producer:

JOHN L BITTER ILIT
GREGORY P BARNES JR TTEE
1315 CRESCENT CIR SW
LILBURN, GA 30047-2303

LIFE INSURANCE DIVISION
PACIFIC LIFE INSURANCE
LIFE INSURANCE OPERATIONS CTR
PO BOX 2030
OMAHA, NE 68103-2030

Insured Name: JOHN L BITTER JR
Policy Number(s): VF51701770

Thank you for your recent request(s). This is to confirm that the following request(s) are recorded and should be filed with your policy:

Irrevocable Beneficiary

Dated: 10/20/2010

- Beneficiary was changed from John L Bitter Irrevocable Life Insurance Trust dated 1/3/2008 to Windsor Securities LLC as irrevocable beneficiary.

If you need further assistance, please contact your Servicing Producer or our Life Insurance Operations Center. We appreciate your business and welcome the opportunity to serve your ongoing life insurance needs.

Life Insurance Operations Center
Client Services Department

Servicing Office:
LIFE INSURANCE DIVISION
PACIFIC LIFE INSURANCE
LIFE INSURANCE OPERATIONS CTR
PO BOX 2030
OMAHA, NE 68103-2030

WINDSOR SECURITIES LLC
25 E ATHENS AVE
ARDMORE PA 19003-2229



PACIFIC LIFE

CORRS

Life Insurance Operations Center
P.O. Box 2030, Omaha, Nebraska 68103-2030
Tel (800) 347-7787 Fax (866) 964-4859
www.PacificLife.com

TITLE CHANGE REQUIREMENTS

October 15, 2010

Servicing Producer:

JOHN L BITTER ILIT
GREGORY P BARNES JR TTEE
1315 CRESCENT CIR SW
LILBURN, GA 30047-2303

LIFE INSURANCE DIVISION
PACIFIC LIFE INSURANCE
LIFE INSURANCE OPERATIONS CTR
PO BOX 2030
OMAHA, NE 68103-2030

Insured Name: JOHN L BITTER JR
Policy Number(s): VF51701770

We regret that we are unable to process your change request(s) shown below:

Ownership Change	Dated: 10/8/2010
Payor Change	Dated: 10/8/2010
Beneficiary Change	Dated: 10/8/2010

The following requirements are needed to complete your request:

- We have received the attached Ownership, Name or Beneficiary Change Request form from Windsor Securities LLC, the current assignee on the above policy.
- The Power of Attorney submitted with the change request does not authorize Windsor Securities LLC to change the ownership of the policy. In order to change the owner, payor and beneficiary as requested, we will need your signature as the trustee of the John L Bitter ILIT on the enclosed form. A return envelope is enclosed for your convenience.

If you need further assistance, please contact your Servicing Producer or our Life Insurance Operations Center. We appreciate your business and welcome the opportunity to serve your ongoing life insurance needs.

Life Insurance Operations Center
Client Services Department

Servicing Office:
LIFE INSURANCE DIVISION
PACIFIC LIFE INSURANCE
LIFE INSURANCE OPERATIONS CTR
PO BOX 2030
OMAHA, NE 68103-2030

WINDSOR SECURITIES LLC
25 E ATHENS AVE
ARDMORE PA 19003

TITLE

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Operations Center
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 398-0467
www.PacificLife.com



PACIFIC LIFE

OWNERSHIP, NAME, OR BENEFICIARY CHANGE REQUEST

Insured's Name: First MI Last <u>JOHN L. BITTER</u>	Policy Number(s): <u>VFS1701770</u>
Current Owner's Name: First MI Last <u>JOHN L. BITTER REVOCABLE LIFE INSURANCE TRUST</u>	Telephone Number: (Include area code)

1 OWNERSHIP CHANGE

☐ Check this box if this ownership change is in connection with a viatical or life settlement transaction.

I hereby transfer ownership of this policy to: (Print full name and address of new owner*)

WINDSOR SECURITIES, LLC
25 EAST ATTEN'S AVENUE
ARMORE, PA 19003

*If more than one individual is named as owner, they will own the policy as joint tenants with rights of survivorship, unless otherwise provided

New Owner's Date of Birth _____
(mm/dd/yyyy)

Relationship of New Owner to Insured _____

and on the above owner's death to:

Contingent Owner (Print full name and address) - Optional

Relationship of New Contingent Owner to Insured _____

Send Future Premium and Other Notices To:
(check one and provide name and address)

- ☒ New Owner
☐ Insured
☐ Payor
☐ Other

Name and Address of Party Receiving Premium Notices:

WINDSOR SECURITIES, LLC
c/o STEVEN PEUSKY
25 EAST ATTEN'S AVENUE
ARMORE, PA 19003

Note: A change in ownership may result in adverse tax consequences. Consult your tax advisor for guidance.

2 NAME CHANGE I direct Pacific Life to make the following name change:

Old Name _____

New Name _____

Name Change Applies To:

- ☐ Owner
☐ Insured
☐ Beneficiary
☐ Payor
☐ Other covered person

Reason For Change:

- ☐ Marriage
☐ Divorce (attach copy of court order)
☐ Court Order (attach copy)
☐ Correction
☐ Other _____



RETURNED
UNRECORDED

Document #11 of 19

SPECIAL POWER OF ATTORNEY

Through this Special Power of Attorney, which Special Power of Attorney is coupled with an interest, the undersigned hereby irrevocably makes and appoints Windsor Securities LLC, a Nevada LLC, as the undersigned's true and lawful attorney-in-fact for it and in its name, place and stead, an on its behalf, to execute, deliver, endorse and acknowledge any document or instrument concerning or pertaining to all claims, benefits, privileges and rights available upon the death of the insured under the following life insurance policy:

Insurance Company	Policy Number
Pacific Life	VF51701770

John L. Bitter Irrevocable Life Insurance Trust

By: *Gregory Barnes*, Trustee
Name: Gregory Barnes
Date:

STATE OF Georgia

COUNTY OF DeKalb

On April 8, 2008, before me, the undersigned, personally appeared Gregory Barnes, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument, and he acknowledged to me that he is the Trustee of the John L. Bitter Irrevocable Life Insurance Trust, described in and which executed the foregoing instrument as Trustee of the John L. Bitter Irrevocable Life Insurance Trust; that he was authorized by the Irrevocable Trust Agreement to execute documents such as this instrument.

(Official Seal)



Jamie Pennington
Notary Public



PACIFIC LIFE

CORRS

Life Insurance Operations Center
P.O. Box 2030, Omaha, Nebraska 68103-2030
Tel (800) 347-7787 Fax (866) 964-4859
www.PacificLife.com

TITLE CHANGE REQUIREMENTS

October 26, 2010

Servicing Producer:

JOHN L BITTER ILIT
GREGORY P BARNES JR TTEE
1315 CRESCENT CIR SW
LILBURN, GA 30047-2303

LIFE INSURANCE DIVISION
PACIFIC LIFE INSURANCE
LIFE INSURANCE OPERATIONS CTR
PO BOX 2030
OMAHA, NE 68103-2030

Insured Name: JOHN L BITTER JR
Policy Number(s): VF51701770

We regret that we are unable to process your change request(s) shown below:

Irrevocable Beneficiary

Dated: 10/20/2010

The following requirements are needed to complete your request:

- We have received the attached Ownership, Name or Beneficiary Change Request form from Windsor Securities LLC, the current assignee on the above policy.
- The Power of Attorney submitted with the change request does not authorize Windsor Securities LLC to change the beneficiary of the policy. In order to change the beneficiary as requested, we will need your signature as the trustee of the John L Bitter ILIT on the enclosed form. A return envelope is enclosed for your convenience.

If you need further assistance, please contact your Servicing Producer or our Life Insurance Operations Center. We appreciate your business and welcome the opportunity to serve your ongoing life insurance needs.

Life Insurance Operations Center
Client Services Department

Servicing Office:
LIFE INSURANCE DIVISION
PACIFIC LIFE INSURANCE
LIFE INSURANCE OPERATIONS CTR
PO BOX 2030
OMAHA, NE 68103-2030

WINDSOR SECURITIES LLC
25 E ATHENS AVE
ARDMORE PA 19003

OWNERSHIP, NAME, OR BENEFICIARY
CHANGE REQUEST

PACIFIC LIFE

Insured's Name: First <u>JOHN</u>	MI <u>L.</u>	Last <u>BITTER</u>	Policy Number(s): <u>VFS1701770</u>
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5 SIGNATURES

If you are signing below on behalf of an entity, you represent, under penalty of perjury, that you are authorized to execute this document and make the representations set forth herein. You further represent that all requirements of the entity's governing documents, including the use of the corporate seal (if a Corporation) and the number of authorized signatures, have been met. Each of the undersigned attests that no bankruptcy or insolvency proceedings have been filed or commenced by or against all signing parties.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

SIGNED AND DATED ON:

Date (mm/dd/yyyy)
12/08/2010

X G. P. Bitter, Trustee

2-14-11
DATE

[Signature]
Policyowner's* Signature (Current)

Policyowner's Name: First	MI	Last	Title, if applicable
<u>STEVEN G.</u>	<u>P.</u>	<u>PROSKY</u>	<u>MANAGING MEMBER</u>

[Signature]
Assignee's* Signature

Assignee's Name: First	MI	Last	(print)	Title, if applicable
<u>STEVEN G.</u>	<u>P.</u>	<u>PROSKY</u>		<u>MANAGING MEMBER</u>

[Signature]
Other Required* Signature (Must check a box below)

Other Required Name: First	MI	Last	Title, if applicable
<u>STEVEN G.</u>	<u>P.</u>	<u>PROSKY</u>	<u>MANAGING MEMBER</u>

Indicate role of
"Other Required"
signature:

- | | |
|--|---|
| <input type="checkbox"/> Additional Policyowner | <input type="checkbox"/> Attorney-in-Fact |
| <input type="checkbox"/> Additional Assignee | <input type="checkbox"/> Irrevocable Beneficiary |
| <input type="checkbox"/> Insured | <input type="checkbox"/> Premium Payor/Remitter |
| <input type="checkbox"/> Additional Insured | <input checked="" type="checkbox"/> New Policyowner (only required for ownership changes) |
| <input type="checkbox"/> Business Entity's Authorized Representative | <input type="checkbox"/> Applicant (only required at time of application) |
| <input type="checkbox"/> Trustee | <input type="checkbox"/> Other: |

*If a Corporation, Trust or Business Entity, the full name of the Corporation, Trust or Business Entity must be shown below.

Corporation, Trust, or Business Entity's Name
WINDSOR SECURITIES, LLC

PRODUCER: PROVIDE A PHOTOCOPY OF THIS SIGNED FORM TO ALL SIGNING PARTIES

INSTRUCTIONS

When to use this form:	This form is used to request ownership, beneficiary and name changes on a life insurance or fixed annuity policy.
Who must sign this form:	<p>For ownership changes, the current and new policyowner(s) must sign this form.</p> <p>POLICYOWNER(S) – Required signature(s) of current policyowner(s).</p> <p>ASSIGNEE(S) – Required when the policy has an active assignment(s) and the assignee's signature or consent is required according to the assignment agreement.</p> <p>OTHER REQUIRED SIGNATURE(S) – Any party that has an ownership interest that requires them to approve this policy request. Indicate their signing capacity by checking the appropriate role. The new policyowner(s) should sign this space.</p> <p>When the policy is community property, PL suggest that the current policyowner's spouse also sign the form. Community Property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.</p> <p>If the policyowner, assignee or other required signing party is a Corporation, Business Entity, or Trust, all signatures required by the governing documents or the trust agreement (if a Trust) must be included, in addition to the authorized representative(s) title or signing capacity.</p>
Where to send this form:	Send this form to Pacific Life Insurance Company, Life Insurance Operations Center, P.O. Box 2030, Omaha, NE 68103-2030. Our toll free number is (800) 347-7787.

Windsor Securities LLC.
25 East Athens Avenue
Ardmore, PA 19003

(610) 642-3100 (Voice) (610) 642-9709 [Fax]
mfiwsi@comcast.net

January 14, 2011

Mr. Gregory Barnes
1315 Crescent Circle
Lilburn, GA 30074

John L. Bitter, Jr.
30 Mooregate Square, NW
Atlanta, GA 30327

re: Pacific Life #VF51701770

Dear Gentleman:

It has been several months since our attorney, Mr. Rousseau, wrote to you asking for, among other things, the original insurance policy and Mr. Bitter's signature. We have received no reply.

Windsor Securities LLC entered into the Life Insurance Premium Financing Agreement in good faith, and continued to make premiums in good faith. As explained most recently in Mr. Rousseau's September 8 letter (copy enclosed), the Trust defaulted on that Agreement and as a matter of law, Windsor assumed ownership of the Policy. As owner, Windsor has continued to pay premiums to Pacific Life since that letter was sent. Windsor has also since been named Irrevocable Beneficiary of the Policy.

We ask one more time for your cooperation in sending us the paperwork we requested so that we can conclude our relationship in an amicable fashion. As previously explained to Mr. Houchins we would be more kindly disposed towards the trust should we have your cooperation.

Sincerely

Steven G. Prusky, Managing Member

SGP/mw

Cc: Eugene Houchins, Jr.